



Incident Report

Print Date/Time: 12/01/2015 09:05

Login ID: ss0100

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2015-00201809

Incident Date/Time: 11/25/2015 6:01:00 PM
Location: 20TH ST SE / 79TH AVE SE
LAKE STEVENS WA 98258
Phone Number: (206) 714-1434
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19N1	SS0136-Shein
	SS0126-Hingtgen
19N3	SS0134-Lyons

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	BOND, TAMMY					
2	Reporting Party	TEIGEN, LARS					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car					AWP5275	
Involved Vehicle	Passenger Car		Honda			412ZBZ	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
------	------	------	------	-------	-------------	---------	----------

CAD Narrative

11/25/2015 : 18:18:09 SP0387 Narrative: CXL 2 BLS

11/25/2015 : 18:13:33 SP0387 Narrative: REQ 1 ADTL BLS UNIT

11/25/2015 : 18:11:49 SP0387 Narrative: 5 GRN, 1YEL

11/25/2015 : 18:10:18 SP0408 Narrative: Narrative added from associated Call #: 66 - AGENCY ADVISED

11/25/2015 : 18:08:29 SP0112 Narrative: Narrative added from associated Call #: 66 - AC 2 VEHS NON BLKG

11/25/2015 : 18:08:19 SP0387 Narrative: 3-4 VEH ALL ON WHEELS, 20ST BLKED EB, INVST

11/25/2015 : 18:05:09 SP0263 Narrative: ALL 4DR PC'S: UNK COL/MAKE, ONE OF VEH L/AWP5275, ON NW CORNER, L/412ZBZ ON SW CORNER

11/25/2015 : 18:04:03 SP0263 Narrative: 2 VEHS ON N SIDE OF 20TH, ONE E SIDE ONE WEST SIDE, 3RD VEH IS SO INTERSECTION,

11/25/2015 : 18:03:53 SP0408 Narrative: AGENCY ADVISED

11/25/2015 : 18:02:35 SP0263 Narrative: 3 VEHS, UNK INJS, BLKNG 20TH

Tow Impound Sheet

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM ____
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

TOW / IMPOUND
AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

~~2015-00201809~~

2015-00201809

VEHICLE INFORMATION

VIN 4 5 3 B T 6 3 3 6 R 6 9 5 1 3 4 4				
LICENSE ATU2015	STATE WA	YEAR 1994	MAKE SUBARU	MODEL LEG SW
<input type="checkbox"/> Report of Sale		MILEAGE <input type="checkbox"/> Digital	STYLE 4DR WG	COLOR GREEN

DRIVER

NAME (LAST, FIRST, MI)
 KOCH, BLAIR A
 STREET ADDRESS
 302 S DAVIES RD
 CITY, STATE, ZIP CODE
 Lake Stevens, WA 98258
 PHONE
 425-308-1836

REGISTERED OWNER

NAME (LAST, FIRST, MI)
 KOCH, CRAIG J
 STREET ADDRESS
 20715 64th Ave W
 CITY, STATE, ZIP CODE
 Stanwood, WA 98292
 PHONE
 425-870-6817

LEGAL OWNER

NAME (LAST, FIRST, MI)
 STREET ADDRESS
 79th Ave SE
 CITY, STATE, ZIP CODE
 AS PD
 PHONE

AUTHORIZATION AND RECEIPT

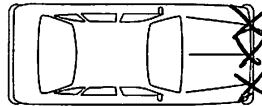
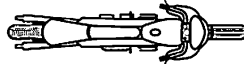
ON 11/25/15 AT 1801 PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE
 (DATE) (24 HOURS)
 ITEMS IN THE DESCRIBED VEHICLE, I AUTHORIZED Speedway
 (TOWING FIRM)
 DRIVEN BY Bele TO REMOVE THIS VEHICLE FROM 79th Ave SE / 20th St SE
 (DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)

EQUIPMENT

- ☐ [] KEYS
☐ LOCKED TRUNK
☐ LOCKED GLOVE BOX
☐ LOCKED CENTER CONSOLE
☐ AUTO STEREO
☐ [] DISC(s)
☐ HANDS FREE DEVICE
☐ GPS
☐ RADAR/LIDAR DETECTOR
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER

DAMAGE

- ☒ FRONT
☒ R FRONT
☐ R SIDE
☐ R REAR
☒ L FRONT
☐ L SIDE
☐ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER



EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

INVENTORY

— tool box — trunk

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

— Collision Impound —

☒ I PROVIDED A COPY OF THIS TOW/IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☐ I PROVIDED A COPY OF THIS TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☒ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW/IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE X [Signature]

Shohomish
COUNTY, WA

134
BADGE NO.

LSPD
AGENCY

SUPERVISOR

CHECK ALL THAT APPLY:

- ☒ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

15-201809

TOW / IMPOUND AND INVENTORY RECORD

Speedway

VEHICLE INFORMATION

VIN 1G1Z4S48X5F216542				
LICENSE AwP527S	STATE WA	YEAR 2005	MAKE Chev	MODEL Malibu
MILEAGE <input type="checkbox"/> Report of Sale		STYLE 4D		COLOR Blk

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI) Shively, Jennifer M	NAME (LAST, FIRST, MI) SAME	NAME (LAST, FIRST, MI) SAME
STREET ADDRESS 11918 12th St SE	STREET ADDRESS SAME	STREET ADDRESS SAME
CITY, STATE, ZIP CODE Lake Stevens	CITY, STATE, ZIP CODE SAME	CITY, STATE, ZIP CODE SAME
PHONE 425-334-9708	PHONE	PHONE
DOB 06/24/82		

AUTHORIZATION AND RECEIPT

ON THIS DATE OF OCT. 25, 15 AT 1850 PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE Speedway Towing (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 20th St SE & 7th Ave SE Lake Stevens, WA

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO. 2 DATE 11/25/15

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED	<input checked="" type="checkbox"/> FRONT SHADE DAMAGED AREA		
<input type="checkbox"/> KEYS []	<input checked="" type="checkbox"/> R FRONT		
<input type="checkbox"/> AUTO STEREO	<input type="checkbox"/> R SIDE		
<input type="checkbox"/> AUDIO TAPES / CD'S []	<input checked="" type="checkbox"/> R REAR		
<input type="checkbox"/> CB RADIO	<input checked="" type="checkbox"/> L FRONT		
<input type="checkbox"/> RADAR DETECTOR	<input type="checkbox"/> L SIDE		
<input type="checkbox"/> TRUNK LOCKED	<input checked="" type="checkbox"/> L REAR		
<input type="checkbox"/> SPARE TIRE	<input checked="" type="checkbox"/> REAR		
<input type="checkbox"/> JACK	<input type="checkbox"/> TOP		
<input type="checkbox"/> CHAINS	<input type="checkbox"/> UNDERCARRIAGE		
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____		

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

1 Pouch Bag Passenger's foot well

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE X G. Shein #136 Snohomish BADGE NO. 136

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE X

FAX COVER SHEETA black and white photograph of a Lake Stevens Police Officer's badge. The badge is shield-shaped with a decorative border. At the top is an eagle with spread wings. Below the eagle, the words "OFFICER" and "LAKE STEVENS" are written in a banner. In the center is a circular seal featuring a portrait of George Washington, with the words "STATE OF" above and "WASHINGTON" below. Below the seal, the word "POLICE" is written in a banner. At the very bottom is a small rectangular box, likely for a nameplate.

TO:	Sno Pac	FAX:	
FROM:	LSPD Ofc. Shein #136	DATE:	11/25/15
CC:		PAGES:	3
RE:	Collision Tow		

☐ WHEN THIS BOX IS CHECKED, THE FOLLOWING IS **CONFIDENTIAL POLICE INFORMATION** AND MAY NOT BE DISSEMINATED.

Collision Tow

**** If you have received this fax in error please notify the sender and destroy this document ****

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

Collision Report



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E486846**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
11	25	2015	1801	31	0864

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

20TH ST SE BLOCK NO. ☒ 7900

DISTANCE ☐ MILES ☐ FEET ☐ N ☐ E ☐ S ☐ W OF (REFERENCE OR CROSS STREET) 79TH AVE SE

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME KOCH FIRST NAME BLAIR MIDDLE INITIAL A

STREET NEW ADDRESS 302 S DAVIES RD

CITY LAKE STEVENS ST WA ZIP 98258

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # KOCH*BA127CJ STATE WA SEX F D.O.B. MMDDYYYY 02 - 11 - 1988

ON DUTY ☐ STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # AUJ2015 STATE WA VIN# 4S3BJ6336R6951344

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1994 MAKE SUBA MODEL LEGACY STYLE 5D VEHICLE TOWED YES ☒ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # STATE FARM 1736971-A20-47

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME SHIVELY FIRST NAME JENNIFER MIDDLE INITIAL M

STREET NEW ADDRESS 19918 12TH ST SE

CITY LAKE STEVENS ST WA ZIP 98258

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # SHIVEJM184L4 STATE WA SEX F D.O.B. MMDDYYYY 08 - 24 - 1982

ON DUTY ☐ STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 7 NATURE OF INJURIES HEAD/NECK/BACK PAIN

LICENSE PLATE # AWP5275 STATE WA VIN# 1G1ZU548X5F216542

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2005 MAKE CHEV MODEL MALIBU STYLE 4D VEHICLE TOWED YES ☒ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

OFFICER'S NAME (PRINT) G. SHEIN BADGE OR ID # 0136 AGENCY WA0311900

PART A 3000-345-159 R (7/06)



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E486846**

CASE #

2015-00201809

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		STUTZMAN RYKER																
ADDRESS & PHONE #		302 S DAVIES RD LAKE STEVENS WA 98258				SEX	M	D.O.B. MMDDYYYY	12	-	17	-	2013					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	9	AIRBAG	2	RESTR.	6	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		COLEMAN LEVI																
ADDRESS & PHONE #		302 S DAVIES RD LAKE STEVENS WA 98258				SEX	M	D.O.B. MMDDYYYY	12	-	16	-	2003					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	9	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		COLEMAN KALEB																
ADDRESS & PHONE #		302 S DAVIES RD LAKE STEVENS WA 98258				SEX	M	D.O.B. MMDDYYYY	01	-	24	-	2008					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	6	AIRBAG	2	RESTR.	1	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES SORE NECK, BACK

NARRATIVE

On 11/25/15 at approximately 1801 hours I, Officer Shein responded to a 3-car collision at the intersection of 20th St SE & 79th Ave SE. I arrived to find three vehicles on the north side of the road at 20th St SE. I interviewed third vehicle's driver - Ivan Popack, vehicle - 1997 Honda CIVIC 412ZBZ. He said that he was decelerating to a stop at the intersection of 20th St SE & 79th Ave SE for a red light, which changed to green again. He began to accelerate but was rear-ended. The vehicle that rear-ended him was driven by Jennifer Shively, vehicle 2005 Chevrolet Malibu AWP5275. She says she was driving behind the car driven by Ivan, and was rear-ended. I found 1994 Subaru Legacy AIU2015 as the first vehicle which struck Jennifer. The Subaru was driven by Blair Koch. Blair did not say why or how she ended up hitting the Malibu driven by Jennifer.

Blair had three children in the back seat - middle child - Levi Coleman was unrestrained and hurt. Blair took him to the hospital herself. Jennifer also complained of injuries. She was transported by medical/aid unit to the hospital. Ivan's passenger Erika complained of injuries, but declined aid, and left with Ivan.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. SHEIN

11-26-15 06:18 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

11/26/2015 11:08:09 PM

BADGE OR ID # 0136

ORI #

WA0311900

TIME POLICE DISPATCHED 6:03 PM

TIME POLICE ARRIVED 6:08 PM



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E486846**

CASE # 2015-00201809

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		JANIK ERIKA N																
ADDRESS & PHONE #		3323 117TH AVE SE SNOHOMISH WA 98290						SEX	F	D.O.B. MMDDYYYY	05	-	14	-	1998			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	3	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES HEAD/NECK/BACK SORE
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #								SEX		D.O.B. MMDDYYYY		-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #								SEX		D.O.B. MMDDYYYY		-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

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G. SHEIN		11-26-15 06:18 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY ROBERT MINER 0095		DATE 11/26/2015 11:08:09 PM	
BADGE OR ID #	0136	ORI #	WA0311900
TIME POLICE DISPATCHED		6:03 PM	TIME POLICE ARRIVED
			6:08 PM


**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**


013197

REPORT NO. E486846
CASE # 2015-00201809
COMMERCIAL MOTOR CARRIER
INTERSTATE ☐INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

LAST NAME

POPACH

FIRST NAME

IVAN

MIDDLE INITIAL

V

STREET NEW ADDRESS

1612 11TH DR SE

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

POPACIV048RP

STATE

WA

SEX

M

D.O.B. MMDDYYYY

12

-

17

-

1996

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

2

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

412ZBZ

STATE

WA

VIN#

2HGEJ8641VH506100

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

1997

MAKE

HOND

MODEL

CIVIC

STYLE

4D

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

-

-

-

-

-

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

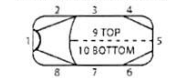
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. SHEIN

11-26-15 06:18 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID #

0136

ORI #

WA0311900

APPROVED BY

MINER

DATE

11/26/201

PAGE

4

OF

5

REPORT NO. E486846

CASE # 2015-00201809

DATE AND TIME OF COLLISION 11/25/15 18:01

